



## APPLICATION FOR BAIT DEALER'S LICENSE

State Form 3071 (R7 / 4-08)  
Approved by State Board of Accounts, 2008

### DEPARTMENT OF NATURAL RESOURCES

Attn: Commercial License Clerk  
Division of Fish and Wildlife  
402 W. Washington St., Rm. W273  
Indianapolis, IN 46204-2781  
Telephone: (317) 232-4102  
Fax Number: (317) 232-8150

- Instructions:**
1. Please type or print information.
  2. Be sure to read all regulations.
  3. All sections must be complete before submitting.
  4. Mail completed application to address shown at right.

***A Bait Dealer's License is required for the sale of minnows and crayfish.***

Check One: ☐ New Applicant ☐ Renewal

Year Wanted on License \_\_\_\_\_ (License expires at end of calendar year.)

Check one: ☐ Resident Bait Dealer (FEE: \$10.00) ☐ Non-Resident Bait Dealer (FEE: \$50.00)

Name of Applicant \_\_\_\_\_ Today's Date \_\_\_\_\_

Name of Business (if applicable) \_\_\_\_\_

Address (Number and Street or Rural Route) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_ Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

### **Business Information:**

Business Address (if different from above): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_ Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

**How is bait obtained?** ☐ Seine ☐ Purchase ☐ Raise in Own Ponds

**Do you sell bait?** ☐ Wholesale ☐ Retail

### **If bait is purchased, please provide the following information:**

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP code \_\_\_\_\_

**Please return the completed application with the license fee to the address listed above.**

*Under the penalties of perjury (IC 35-44-2-1), I certify that the information supplied by me is true and correct to the best of my knowledge. I have read and understand the laws governing the bait dealer's license and agree to abide by them.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **FOR OFFICE USE ONLY**

Date Application Received \_\_\_\_\_ Check/Money Order Number \_\_\_\_\_

License Number \_\_\_\_\_ Date License Issued \_\_\_\_\_ License Year \_\_\_\_\_

Approved by \_\_\_\_\_ Date Approved \_\_\_\_\_